



Balneotherapy

Lecture

CO78-004-e

Balneology and physical and rehabilitation medicine – differences, similarities and synergies

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Physical and rehabilitation medicine (PRM) is a medical specialty with a comprehensive approach to enable persons with disability to achieve optimal functioning. This includes the application of a great variety of treatments including medication, physical therapies. Balneotherapy primarily is defined by the use of natural therapeutic remedies and secondarily includes comprehensive approaches to chronic conditions by multimodal treatments. Such approaches are also part of rehabilitation medicine; however, PRM intervenes also in acute, post-acute and long-term care. Thus, balneotherapy could be integrated in PRM, however, there is a risk that balneotherapies as well as preventive strategies might be neglected within PRM. Another problem is that balneotherapy tends to focus on wellness programs neglecting medical aspects. It is important: to compare the definitions, strategies and contents of Balneology and PRM; to review and reflect the scientific basis of both approaches; to use similarities to create synergies. Such an approach may be helpful to solve relevant health issues e.g. management of chronic health conditions like chronic widespread pain and mental disorders. From the organisational perspective the approach of the UEMS-PRM-Section to create a balneotherapy committee as well as of the ESPRM to integrate balneotherapy in its congresses seem to be appropriate, however, a more continuous collaborative work is needed.

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Oral communications

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Balneotherapy in Europe – the current situation

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Balneotherapy, defined as the medical use of hydrothermal resources as part of a care or prevention strategy, has long been embedded in the health systems of

Latin and central European countries. It's a cultural, medical and economic reality, accounting for over one million direct and indirect jobs throughout EU and attracting 5 million patients yearly. Although there are some common features to spa cares in countries engaged in balneotherapy (rehabilitation and treatment of chronic diseases as the main purpose, required medical prescription, follow-up by a physician over the stay ...), there is no standardized treatment. Moreover, the funding of balneotherapy varies from zero financing to more generous schemes where state-controlled funds are allocated to patients. One common trend is for sure: due to spiralling health costs and hefty budget deficits, the efficacy of balneotherapy has come under scrutiny. For having failed to establish its actual medical benefit, balneotherapy has endured adverse public measures over recent years. In this doom context, the case of France calls for a specific focus as spa companies embraced 10 years ago a successful strategy of overall assessment of balneotherapy through the creation and funding of a specific research association that ultimately secured the reimbursement rate of cares.

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Balneotherapy actual medical benefit. Data of evidence for the last twenty years

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These last twenty years, 118 papers have been published in English speaking journals with impact factor: 90 randomized controlled trials (RCT) and 28 reviews and/or meta-analysis (RMA). Rheumatology is the first topic: 63 RCT, 22 RMA. Knee osteoarthritis is the most investigated condition: 18 RCT, 3 RMA; chronic inflammatory diseases 12 RCT, 1 RMA; fibromyalgia 10 RCT, 2 RM; chronic low back pain: 11 RCT, 1 RMA. The patients with musculo-skeletal conditions have a significant actual clinical benefit on pain, function and quality of life. SPA therapy is beneficial for patients with psoriasis (9 RCT) and atopic dermatitis (1 RCT). Overweight or obese patients treated in spa resorts have a significant weight reduction according (3 RCT). SPA therapy is also beneficial for patients with chronic venous insufficiency (2 RCT) or chronic occlusive limb arterial disease (4 RCT and 2 RMA). Gynaecology (2 RCT) and psychosomatic conditions (1 RCT) are more poorly investigated. The lack of investigation about respiratory lower tract or Ear-Nose-Throat conditions is a questionable issue. Despite a significant number of trials, the level of evidence is impaired by many methodological flaws. The actual medico-economic benefit is based on more limited data of evidence.

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